

# Insurance information update form

## 保險資料更改表格



Please complete in BLOCK LETTERS. 請用英文正楷填寫。

Please tick the appropriate box and \* delete where inappropriate. 請✓適用方格及於\*號刪去不適用者。

Please return the completed form to us by 請循以下途徑交回填妥之表格：

Email 電郵： enquiry@hk.zurich.com  
For enquiry 查詢： +852 2968 2288

Mail: 25-26/F, One Island East, 18 Westlands Road, Island East, Hong Kong  
郵寄：香港港島東華蘭路18號港島東中心25-26樓

### 1. Effective date 生效日期

Please change the policy records as follows with effect from:  
請由此日期起將保單紀錄更改如下：

Day日 Month月 Year年

D	D	M	M	Y	Y	Y	Y
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Policy no.:  
保單編號：

### 2. Change of policyholder's personal information 更改保單持有人個人資料

Change to 更改為：

Mr. 先生  Mrs. 太太  Ms. 女士  Co. 公司

Name in Chinese  
中文姓名

Correspondence address  
通訊地址

Email address  
電郵地址

Name in English  
英文姓名

HKID/Business registration\* no.  
香港身份證 / 商業登記證\*號碼

Mobile no.  
手提電話號碼

### 3. Change of payment arrangement 更改繳付安排

Credit card type 信用卡類別  VISA  MasterCard 萬事達卡

I hereby authorize Zurich Insurance Company Ltd to charge my/my company's\* credit card account below for the subsequent installments/full yearly payment of the abovementioned insurance plan. 本人授權蘇黎世保險有限公司從本人 / 本公司\*下述之信用卡賬戶支取上述保險計劃之各期 / 全年保費。

Cardholder's/Corporate (if any) name  
持卡人 / 公司 (如有) 名稱

Credit card no.  
信用卡號碼

Cardholder's signature  
持卡人簽署

Relationship to proposer  
與投保人關係

HKID/Business registration\* no.  
香港身份證 / 商業登記證\*號碼

Credit card expiry date  
信用卡有效日期至

M	M	Y	Y	Y	Y
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Issuing bank  
簽發銀行

Date  
日期

### 4. Change of other insurance information 更改其他保險資料

(If necessary, please use additional paper and attach to this form. 如有需要請另紙書寫，並夾附於此表格。)

### 5. Declaration 聲明

- I/We declare that to the best of my/our knowledge and belief the foregoing answers are true and all material particulars affecting the assessment of the risk have been disclosed. 本人 / 我們謹此聲明根據本人 / 我們所知及所信，上列各細節均屬無訛，更絕未就任何影響風險評估的重要事實作出任何隱瞞。
- I/We agree that this form shall be the basis of the contract between me/us and Zurich Insurance Company Ltd ("the Company") and shall be deemed to be incorporated in such contract, and any renewal thereof which may be agreed, subject to the terms and conditions of the policy issued by the Company. 本人 / 我們謹此承認本表格為本人 / 我們與蘇黎世保險有限公司 ("貴公司") 訂立此保險契約及以後續約之根據，並願意接受保單上所載一切條款。
- I/We confirm that I/we have read through the details of the Notice to Customers relating to the Personal Data (Privacy) Ordinance ("Ordinance") overleaf. 本人 / 我們確認已閱讀載於背頁有關個人資料 (私隱) 條例 ("私隱條例") 的客戶通知之詳情。
- I/We understand that I/we can withdraw any consent provided for direct marketing purposes anytime by notice to the Company. 本人 / 我們明白可隨時通知貴公司以撤回任何就市場推廣用途所給予之同意。

I/We wish to opt out of the direct marketing purposes. 本人 / 我們欲選擇退出市場推廣用途。

I/We confirm that all information provided by me/us in this form is true, correct and accurate. I/We further confirm my/our agreement to all sections in this form, including without limitation, the above Declaration and the Notice to customers relating to the Personal Data (Privacy) Ordinance ("Ordinance"). 本人 / 我們確認由本人 / 我們於此表格提供之所有資料均為事實正確無誤。本人 / 我們更確認同意本表格內之所有部分，包括但不限於上列之聲明及有關個人資料 (私隱) 條例 ("私隱條例") 的客戶通知。

Signature of policyholder & company chop (if applicable)  
保單持有人簽署及公司蓋章 (如適用)

Date  
日期

Day日 Month月 Year年

D	D	M	M	Y	Y	Y	Y
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## 6. Notice to customers relating to the Personal Data (Privacy) Ordinance (“Ordinance”)

### 有關個人資料（私隱）條例（「私隱條例」）的客戶通知

The personal information of customers (include policy owners, insured persons, beneficiaries, premium payors, trustees, policy assignees and claimants) collected or held by **Zurich Insurance Company Ltd (“Company”)** may be used by the Company for the **obligatory purposes** necessary in providing services to the customers (otherwise the Company is unable to provide services to customers who fail to provide the required information).

由蘇黎世保險有限公司（「本公司」）收集或持有的客戶（包括保單持有人、受保人、受益人、保費付款人、信託人、保單受讓人及索償人）個人資料，均可供本公司使用作強制性用途，以便為客戶提供服務（否則本公司將無法為未能提供所需資料的客戶提供服務）。

Please read carefully the details of the Company’s privacy policy which is made available on our website at [www.zurich.com.hk/pics](http://www.zurich.com.hk/pics) or by scanning the QR code. You may also contact our Customer Care Center at 2968 2288 or insurance intermediaries for enquires.

本公司之私隱政策詳載於[www.zurich.com.hk/pics](http://www.zurich.com.hk/pics)或可透過掃描QR碼細閱。您亦可致電2968 2288與我們的客戶服務中心聯絡又或向保險中介人查詢。



#### Consent for Direct Marketing – Voluntary:

##### 就市場推廣之同意 – 自願性：

Certain personal information of policy owners and insured persons collected or held by the Company, in particular, names, contact information, age, gender, identity document reference, marital status, policy information, claim information, and medical history may be used by the Company, **only upon having such policy owners’ or insured persons’ consent or indication of no objection**, for the following purposes relating to direct marketing:

- (1) to provide marketing materials and conduct direct marketing activities in relation to insurance and/or financial products and services of Zurich Insurance Group and/or other financial services providers, and/or other related services of business partners, with whom the Company maintains business referral or other arrangements;
- (2) to perform customer analysis, profiling and segmentation; and
- (3) to conduct market research and insurance surveys for Zurich Insurance Group’s development of services and insurance products.

由本公司收集或持有的保單持有人及受保人的某些個人資料，特別是姓名、聯絡資料、年齡、性別、身份證明文件資料、婚姻狀況、保單資料、索償資料、及醫療紀錄等，**於獲該保單持有人或受保人同意或作不反對指示後**，均可供本公司使用作以下市場推廣之有關用途：

- (1) 為蘇黎世保險集團及 / 或與本公司維持業務引薦關係或其他安排之其他金融服務供應商的保險及 / 或金融產品及服務，及 / 或其他商業合作夥伴之相關服務，提供市場推廣資料及進行直接市場推廣活動；
- (2) 進行客戶研究分析及分層；及
- (3) 就蘇黎世保險集團的服務及保險產品發展進行市場調查及保險研究。

The Company may provide certain personal information, in particular, name, contact information, age, gender and policy information of a policy owner and an insured person, **only upon having such policy owner’s and insured person’s written consent**, to the following parties, within or outside of Hong Kong, for the above purposes relating to direct marketing:

- (1) companies within Zurich Insurance Group;
- (2) other banking/financial institutions, commercial or charitable organizations with whom the Company maintains business referral or other arrangements;
- (3) third party marketing service providers and insurance intermediaries.

**於獲保單持有人及受保人書面同意後**，本公司方可就上述市場推廣之有關用途，向以下於香港境內或境外的人士提供其某些個人資料，特別是姓名、聯絡資料、年齡、性別、保單持有人及受保人的保單資料等：

- (1) 蘇黎世保險集團成員公司；
- (2) 與本公司維持業務引薦關係或其他安排的其他銀行 / 金融機構、商業或慈善組織；
- (3) 第三方市場推廣服務供應商及保險中介人。

Zurich Insurance Company Ltd (a company incorporated in Switzerland)  
25-26/F, One Island East, 18 Westlands Road, Island East, Hong Kong

蘇黎世保險有限公司 (於瑞士註冊成立之公司)

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